

## SENATE BILL NO. 1320

## AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions

on \_\_\_\_\_)

(Patron Prior to Substitute--Senator Lucas)

A BILL to amend and reenact §§ 54.1-2900, 54.1-3005, 54.1-3303, and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2957.04, relating to licensed certified midwives; licensure; practice.

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-2900, 54.1-3005, 54.1-3303, and 54.1-3408 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2957.04 as follows:**

**§ 54.1-2900. Definitions.**

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Birth control" means contraceptive methods that are approved by the U.S. Food and Drug Administration. "Birth control" shall not be considered abortion for the purposes of Title 18.2.

"Board" means the Board of Medicine.

25 "Certified nurse midwife" means an advanced practice registered nurse who is certified in the  
26 specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse  
27 practitioner pursuant to § 54.1-2957.

28 "Certified registered nurse anesthetist" means an advanced practice registered nurse who is  
29 certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and  
30 Nursing as a nurse practitioner pursuant to § 54.1-2957, and who practices under the supervision of a  
31 doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement  
32 requirement described in § 54.1-2957.

33 "Collaboration" means the communication and decision-making process among health care  
34 providers who are members of a patient care team related to the treatment of a patient that includes the  
35 degree of cooperation necessary to provide treatment and care of the patient and includes (i)  
36 communication of data and information about the treatment and care of a patient, including the exchange  
37 of clinical observations and assessments, and (ii) development of an appropriate plan of care, including  
38 decisions regarding the health care provided, accessing and assessment of appropriate additional resources  
39 or expertise, and arrangement of appropriate referrals, testing, or studies.

40 "Consultation" means communicating data and information, exchanging clinical observations and  
41 assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging  
42 for referrals, testing, or studies.

43 "Genetic counselor" means a person licensed by the Board to engage in the practice of genetic  
44 counseling.

45 "Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and  
46 cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

47 "Licensed certified midwife" means a person who is licensed as a certified midwife by the Boards  
48 of Medicine and Nursing.

49 "Medical malpractice judgment" means any final order of any court entering judgment against a  
50 licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or

51 wrongful death, based on health care or professional services rendered, or that should have been rendered,  
52 by a health care provider, to a patient.

53 "Medical malpractice settlement" means any written agreement and release entered into by or on  
54 behalf of a licensee of the Board in response to a written claim for money damages that arises out of any  
55 personal injuries or wrongful death, based on health care or professional services rendered, or that should  
56 have been rendered, by a health care provider, to a patient.

57 "Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the  
58 Boards of Medicine and Nursing pursuant to § 54.1-2957.

59 "Occupational therapy assistant" means an individual who has met the requirements of the Board  
60 for licensure and who works under the supervision of a licensed occupational therapist to assist in the  
61 practice of occupational therapy.

62 "Patient care team" means a multidisciplinary team of health care providers actively functioning  
63 as a unit with the management and leadership of one or more patient care team physicians for the purpose  
64 of providing and delivering health care to a patient or group of patients.

65 "Patient care team physician" means a physician who is actively licensed to practice medicine in  
66 the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides  
67 management and leadership in the care of patients as part of a patient care team.

68 "Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in  
69 the Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides  
70 management and leadership to physician assistants in the care of patients as part of a patient care team.

71 "Physician assistant" means a health care professional who has met the requirements of the Board  
72 for licensure as a physician assistant.

73 "Practice of acupuncture" means the stimulation of certain points on or near the surface of the body  
74 by the insertion of needles to prevent or modify the perception of pain or to normalize physiological  
75 functions, including pain control, for the treatment of certain ailments or conditions of the body and  
76 includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does  
77 not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or

prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or vaccines. "Practice of chiropractic" shall include (i) requesting, receiving, and reviewing a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic. "Practice of chiropractic" shall also include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.

"Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's and family's responses to the medical condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii) providing written documentation of medical, genetic, and counseling information for families and health care professionals.

"Practice of licensed certified midwifery" means the provision of primary health care for preadolescents, adolescents, and adults within the scope of practice of a certified midwife established in accordance with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i) providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating with or referring patients to such other health care providers as may be appropriate for the care of the patients; and (iv) serving as an educator in the theory and practice of midwifery.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis, and treatment of human physical or mental ailments, conditions, diseases, pain, or infirmities by any means or method.

"Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional

performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of ionizing radiation to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be

performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Practice of surgical assisting" means the performance of significant surgical tasks, including manipulation of organs, suturing of tissue, placement of hemostatic agents, injection of local anesthetic, harvesting of veins, implementation of devices, and other duties as directed by a licensed doctor of medicine, osteopathy, or podiatry under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory therapist.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i) performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive chemical compounds under the direction of an authorized user as specified by regulations of the Department of Health, or other procedures that contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment that emits ionizing radiation that is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

"Surgical assistant" means an individual who has met the requirements of the Board for licensure as a surgical assistant and who works under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

**§ 54.1-2957.04. Licensure as a licensed certified midwife; practice as a licensed certified midwife; use of title; required disclosures.**

A. It shall be unlawful for any person to practice or to hold himself out as practicing as a licensed certified midwife or use in connection with his name the words "Licensed Certified Midwife" unless he holds a license as such issued jointly by the Boards of Medicine and Nursing.

B. The Boards of Medicine and Nursing shall jointly adopt regulations for the licensure of licensed certified midwives, which shall include criteria for licensure and renewal of a license as a certified midwife that shall include a requirement that the applicant provide evidence satisfactory to the Boards of current certification as a certified midwife by the American Midwifery Certification Board and that shall be consistent with the requirements for certification as a certified midwife established by the American Midwifery Certification Board.



213 C. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to  
214 practice as a licensed certified midwife if the applicant has been licensed as a certified midwife under the  
215 laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for  
216 licensure as a licensed certified midwife in the Commonwealth.

217 D. Licensed certified midwives shall practice in consultation with a licensed physician in  
218 accordance with a practice agreement between the licensed certified midwife and the licensed physician.  
219 Such practice agreement shall address the availability of the physician for routine and urgent consultation  
220 on patient care. Evidence of a practice agreement shall be maintained by the licensed certified midwife  
221 and provided to the Board upon request. The Board shall adopt regulations for the practice of licensed  
222 certified midwives, which shall be in accordance with regulations jointly adopted by the Boards of  
223 Medicine and Nursing, which shall be consistent with the Standards for the Practice of Midwifery set by  
224 the American College of Nurse-Midwives governing the practice of midwifery.

225 E. Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife  
226 may prescribe Schedules II through VI controlled substances in accordance with regulations of the Boards  
227 of Medicine and Nursing.

228 F. A licensed certified midwife who provides health care services to a patient outside of a hospital  
229 or birthing center shall disclose to that patient, when appropriate, information on health risks associated  
230 with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal  
231 births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies,  
232 and births involving multiple gestation. As used in this subsection, "birthing center" shall have the same  
233 meaning as in § 54.1-2957.03.

234 G. A licensed certified midwife who provides health care to a patient shall be liable for the  
235 midwife's negligent, grossly negligent, or willful and wanton acts or omissions. Except as otherwise  
236 provided by law, any (i) doctor of medicine or osteopathy who did not collaborate or consult with the  
237 midwife regarding the patient and who has not previously treated the patient for this pregnancy, (ii)  
238 physician assistant, (iii) nurse practitioner, (iv) prehospital emergency medical personnel, or (v) hospital  
239 as defined in § 32.1-123, or any employee of, person providing services pursuant to a contract with, or

agent of such hospital, that provides screening and stabilization health care services to a patient as a result of a licensed certified midwife's negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability for acts or omissions constituting ordinary negligence.

**§ 54.1-3005. Specific powers and duties of Board.**

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;
2. To approve programs that meet the requirements of this chapter and of the Board;
3. To provide consultation service for educational programs as requested;
4. To provide for periodic surveys of educational programs;
5. To deny or withdraw approval from educational or training programs for failure to meet prescribed standards;
6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;
7. To keep a record of all its proceedings;
8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. The Board shall require all schools to demonstrate their compliance with § 54.1-3006.2 upon application for approval or reapproval, during an on-site visit, or in response to a complaint or a report of noncompliance. The Board may impose a fee pursuant to § 54.1-2401 for any violation thereof. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;
9. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;
10. To license and maintain a registry of all licensed massage therapists and to promulgate regulations governing the criteria for licensure as a massage therapist and the standards of professional conduct for licensed massage therapists;

267 11. To promulgate regulations for the delegation of certain nursing tasks and procedures not  
268 involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by  
269 and under the supervision of a registered nurse, who retains responsibility and accountability for such  
270 delegation;

271 12. To develop and revise as may be necessary, in coordination with the Boards of Medicine and  
272 Education, guidelines for the training of employees of a school board in the administration of insulin and  
273 glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment  
274 for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999,  
275 and shall be made available to local school boards for a fee not to exceed the costs of publication;

276 13. To enter into the Nurse Licensure Compact as set forth in this chapter and to promulgate  
277 regulations for its implementation;

278 14. To collect, store and make available nursing workforce information regarding the various  
279 categories of nurses certified, licensed or registered pursuant to § 54.1-3012.1;

280 15. To expedite application processing, to the extent possible, pursuant to § 54.1-119 for an  
281 applicant for licensure or certification by the Board upon submission of evidence that the applicant, who  
282 is licensed or certified in another state, is relocating to the Commonwealth pursuant to a spouse's official  
283 military orders;

284 16. To register medication aides and promulgate regulations governing the criteria for such  
285 registration and standards of conduct for medication aides;

286 17. To approve training programs for medication aides to include requirements for instructional  
287 personnel, curriculum, continuing education, and a competency evaluation;

288 18. To set guidelines for the collection of data by all approved nursing education programs and to  
289 compile this data in an annual report. The data shall include but not be limited to enrollment, graduation  
290 rate, attrition rate, and number of qualified applicants who are denied admission;

291 19. (Effective until July 1, 2021) To develop, in consultation with the Board of Pharmacy,  
292 guidelines for the training of employees of child day programs as defined in § 63.2-100 and regulated by  
293 the State Board of Social Services in the administration of prescription drugs as defined in the Drug

Control Act (§ 54.1-3400 et seq.). Such training programs shall be taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist;

19. (Effective July 1, 2021) To develop, in consultation with the Board of Pharmacy, guidelines for the training of employees of child day programs as defined in § 22.1-289.02 and regulated by the Board of Education in the administration of prescription drugs as defined in the Drug Control Act (§ 54.1-3400 et seq.). Such training programs shall be taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist;

20. In order to protect the privacy and security of health professionals licensed, registered or certified under this chapter, to promulgate regulations permitting use on identification badges of first name and first letter only of last name and appropriate title when practicing in hospital emergency departments, in psychiatric and mental health units and programs, or in health care facility units offering treatment for patients in custody of state or local law-enforcement agencies;

21. To revise, as may be necessary, guidelines for seizure management, in coordination with the Board of Medicine, including the list of rescue medications for students with epilepsy and other seizure disorders in the public schools. The revised guidelines shall be finalized and made available to the Board of Education by August 1, 2010. The guidelines shall then be posted on the Department of Education's website; and

22. To promulgate, together with the Board of Medicine, regulations governing the licensure of nurse practitioners pursuant to § 54.1-2957 and the licensure of licensed certified midwives pursuant to § 54.1-2957.04.

**§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.**

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, ~~or by~~ a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32.

321 B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona  
322 fide practitioner-patient relationship or veterinarian-client-patient relationship. If a practitioner is  
323 providing expedited partner therapy consistent with the recommendations of the Centers for Disease  
324 Control and Prevention, then a bona fide practitioner-patient relationship shall not be required.

325 A bona fide practitioner-patient relationship shall exist if the practitioner has (i) obtained or caused  
326 to be obtained a medical or drug history of the patient; (ii) provided information to the patient about the  
327 benefits and risks of the drug being prescribed; (iii) performed or caused to be performed an appropriate  
328 examination of the patient, either physically or by the use of instrumentation and diagnostic equipment  
329 through which images and medical records may be transmitted electronically; and (iv) initiated additional  
330 interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side  
331 effects. Except in cases involving a medical emergency, the examination required pursuant to clause (iii)  
332 shall be performed by the practitioner prescribing the controlled substance, a practitioner who practices in  
333 the same group as the practitioner prescribing the controlled substance, or a consulting practitioner.

334 A practitioner who has established a bona fide practitioner-patient relationship with a patient in  
335 accordance with the provisions of this subsection may prescribe Schedule II through VI controlled  
336 substances to that patient, provided that, in cases in which the practitioner has performed the examination  
337 required pursuant to clause (iii) by use of instrumentation and diagnostic equipment through which images  
338 and medical records may be transmitted electronically, the prescribing of such Schedule II through V  
339 controlled substance is in compliance with federal requirements for the practice of telemedicine.

340 For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine  
341 services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient  
342 relationship by an examination through face-to-face interactive, two-way, real-time communications  
343 services or store-and-forward technologies when all of the following conditions are met: (a) the patient  
344 has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an  
345 updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of  
346 prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate  
347 to the patient's age and presenting condition, including when the standard of care requires the use of

diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400, and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species

375 of animal or bee on the premises of the client, including other premises within the same operation or  
376 production system of the client, through medically appropriate and timely visits to the premises at which  
377 the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.

378 C. A prescription shall only be issued for a medicinal or therapeutic purpose in the usual course of  
379 treatment or for authorized research. A prescription not issued in the usual course of treatment or for  
380 authorized research is not a valid prescription. A practitioner who prescribes any controlled substance  
381 with the knowledge that the controlled substance will be used otherwise than for medicinal or therapeutic  
382 purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions  
383 of law relating to the distribution or possession of controlled substances.

384 D. No prescription shall be filled unless a bona fide practitioner-patient-pharmacist relationship  
385 exists. A bona fide practitioner-patient-pharmacist relationship shall exist in cases in which a practitioner  
386 prescribes, and a pharmacist dispenses, controlled substances in good faith to a patient for a medicinal or  
387 therapeutic purpose within the course of his professional practice.

388 In cases in which it is not clear to a pharmacist that a bona fide practitioner-patient relationship  
389 exists between a prescriber and a patient, a pharmacist shall contact the prescribing practitioner or his  
390 agent and verify the identity of the patient and name and quantity of the drug prescribed.

391 Any person knowingly filling an invalid prescription shall be subject to the criminal penalties  
392 provided in § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession  
393 of controlled substances.

394 E. Notwithstanding any provision of law to the contrary and consistent with recommendations of  
395 the Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe  
396 Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient  
397 when (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as defined  
398 in subsection B, with the diagnosed patient and (ii) in the practitioner's professional judgment, the  
399 practitioner deems there is urgency to begin treatment to prevent the transmission of a communicable  
400 disease. In cases in which the practitioner is an employee of or contracted by the Department of Health or

a local health department, the bona fide practitioner-patient relationship with the diagnosed patient, as required by clause (i), shall not be required.

F. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state practitioner of medicine, osteopathy, podiatry, dentistry, optometry, or veterinary medicine, a nurse practitioner, or a physician assistant authorized to issue such prescription if the prescription complies with the requirements of this chapter and the Drug Control Act (§ 54.1-3400 et seq.).

G. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to § 54.1-2957.01 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

H. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to § 54.1-2952.1 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

I. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 may issue prescriptions in good faith or provide manufacturers' professional samples to his patients for medicinal or therapeutic purposes within the scope of his professional practice for the drugs specified on the TPA-Formulary, established pursuant to § 54.1-3223, which shall be limited to (i) analgesics included on Schedule II controlled substances as defined in § 54.1-3448 of the Drug Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in combination with acetaminophen; (ii) oral analgesics included in Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.), which are appropriate to relieve ocular pain; (iii) other oral Schedule VI controlled substances, as defined in § 54.1-3455 of the Drug Control Act, appropriate to treat diseases and abnormal conditions of the human eye and its adnexa; (iv) topically applied Schedule VI drugs, as defined in § 54.1-3455 of the Drug Control Act; and (v) intramuscular administration of epinephrine for treatment of emergency cases of anaphylactic shock.



J. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a member or committee of a hospital's medical staff when approving a standing order or protocol for the administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with § 32.1-126.4.

K. Notwithstanding any other provision of law, a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to subsection C of § 54.1-3408.01 and regulations of the Board.

**§ 54.1-3408. Professional use by practitioners.**

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine ~~or~~ a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2907.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or devices to be administered by:

1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;

3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol; or

4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.

C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may possess and administer epinephrine in emergency cases of anaphylactic shock.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of (1) epinephrine may possess and administer epinephrine and (2)

481 albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized  
482 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol  
483 when the student is believed to be experiencing or about to experience an asthmatic crisis.

484 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
485 professional practice, any employee of a public institution of higher education or a private institution of  
486 higher education who is authorized by a prescriber and trained in the administration of epinephrine may  
487 possess and administer epinephrine.

488 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
489 professional practice, any employee of an organization providing outdoor educational experiences or  
490 programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may  
491 possess and administer epinephrine.

492 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
493 professional practice, and in accordance with policies and guidelines established by the Department of  
494 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§  
495 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at  
496 which the employee is employed, provided that such person is trained in the administration of epinephrine.

497 Pursuant to an order issued by the prescriber within the course of his professional practice, an  
498 employee of a provider licensed by the Department of Behavioral Health and Developmental Services or  
499 a person providing services pursuant to a contract with a provider licensed by the Department of  
500 Behavioral Health and Developmental Services may possess and administer epinephrine, provided such  
501 person is authorized and trained in the administration of epinephrine.

502 Pursuant to an order or standing protocol issued by the prescriber within the course of his  
503 professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a  
504 prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

505 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course  
506 of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen  
507 for administration in treatment of emergency medical conditions.

508 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
509 course of his professional practice, such prescriber may authorize licensed physical therapists to possess  
510 and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

511 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
512 course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and  
513 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in  
514 emergency situations; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or  
515 other opioid antagonist for overdose reversal.

516 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the  
517 course of his professional practice, and in accordance with policies and guidelines established by the  
518 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed  
519 practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified  
520 protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines  
521 shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention  
522 for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any  
523 subsequently implemented standards of the Occupational Safety and Health Administration and the  
524 Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's  
525 policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to  
526 whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of  
527 those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing  
528 protocols has received adequate training in the practice and principles underlying tuberculin screening.

529 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the  
530 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein  
531 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and  
532 policies established by the Department of Health.

533 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of  
534 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §

22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a public institution of higher education or a private institution of higher education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses

under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the course of his professional practice, a dentist may authorize a dental hygienist under his general supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry.

In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia.

K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered professional nurses certified as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess and administer preventive medications for victims of sexual assault as recommended by the Centers for Disease Control and Prevention.

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an

individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

In addition, this section shall not prevent a person who has successfully completed a training program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been evaluated by a registered nurse as having demonstrated competency in administration of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from a program licensed by the Department of Behavioral Health and Developmental Services to such person via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

N. In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and

616 manner of administration and with written authorization of a parent, and in accordance with school board  
617 regulations relating to training, security and record keeping, when the drugs administered would be  
618 normally self-administered by a student of a Virginia public school. Training for such persons shall be  
619 accomplished through a program approved by the local school boards, in consultation with the local  
620 departments of health.

621 O. (Effective until July 1, 2021) In addition, this section shall not prevent the administration of  
622 drugs by a person to (i) a child in a child day program as defined in § 63.2-100 and regulated by the State  
623 Board of Social Services or a local government pursuant to § 15.2-914, or (ii) a student of a private school  
624 that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education,  
625 provided such person (a) has satisfactorily completed a training program for this purpose approved by the  
626 Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician  
627 assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization  
628 from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in  
629 accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of  
630 administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained  
631 in the original, labeled container that would normally be self-administered by the child or student, or  
632 administered by a parent or guardian to the child or student.

633 O. (Effective July 1, 2021) In addition, this section shall not prevent the administration of drugs  
634 by a person to (i) a child in a child day program as defined in § 22.1-289.02 and regulated by the Board  
635 of Education or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is  
636 accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided  
637 such person (a) has satisfactorily completed a training program for this purpose approved by the Board of  
638 Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant,  
639 doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a  
640 parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance  
641 with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)  
642 administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled



643 container that would normally be self-administered by the child or student, or administered by a parent or  
644 guardian to the child or student.

645 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices  
646 by persons if they are authorized by the State Health Commissioner in accordance with protocols  
647 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared  
648 a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued  
649 a declaration of an actual or potential bioterrorism incident or other actual or potential public health  
650 emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons  
651 have received the training necessary to safely administer or dispense the needed drugs or devices. Such  
652 persons shall administer or dispense all drugs or devices under the direction, control, and supervision of  
653 the State Health Commissioner.

654 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by  
655 unlicensed individuals to a person in his private residence.

656 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his  
657 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to  
658 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid  
659 prescriptions.

660 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient  
661 care technicians who are certified by an organization approved by the Board of Health Professions or  
662 persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the  
663 ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin,  
664 topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for  
665 the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under  
666 the orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and  
667 direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a  
668 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the

clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

The dialysis care technician or dialysis patient care technician administering the medications shall have demonstrated competency as evidenced by holding current valid certification from an organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration.

V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.

X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or

696 other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid  
697 antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other  
698 opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to  
699 experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101,  
700 employees of the Department of Forensic Science, employees of the Office of the Chief Medical  
701 Examiner, employees of the Department of General Services Division of Consolidated Laboratory  
702 Services, employees of the Department of Corrections designated as probation and parole officers or as  
703 correctional officers as defined in § 53.1-1, employees of regional jails, school nurses, local health  
704 department employees that are assigned to a public school pursuant to an agreement between the local  
705 health department and the school board, other school board employees or individuals contracted by a  
706 school board to provide school health services, and firefighters who have completed a training program  
707 may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may  
708 dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or  
709 standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his  
710 designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board  
711 of Medicine and the Department of Health.

712 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order  
713 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee  
714 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence  
715 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols  
716 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
717 Health, an employee or other person acting on behalf of a public place who has completed a training  
718 program may also possess and administer naloxone or other opioid antagonist used for overdose reversal  
719 other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with  
720 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the  
721 Department of Health.

722 Notwithstanding any other law or regulation to the contrary, an employee or other person acting  
723 on behalf of a public place may possess and administer naloxone or other opioid antagonist, other than  
724 naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed to  
725 be experiencing or about to experience a life-threatening opioid overdose if he has completed a training  
726 program on the administration of such naloxone and administers naloxone in accordance with protocols  
727 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
728 Health.

729 For the purposes of this subsection, "public place" means any enclosed area that is used or held  
730 out for use by the public, whether owned or operated by a public or private interest.

731 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf  
732 of an organization that provides services to individuals at risk of experiencing an opioid overdose or  
733 training in the administration of naloxone for overdose reversal may dispense naloxone to a person who  
734 has received instruction on the administration of naloxone for opioid overdose reversal, provided that such  
735 dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols  
736 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
737 Health. If the person acting on behalf of an organization dispenses naloxone in an injectable formulation  
738 with a hypodermic needle or syringe, he shall first obtain authorization from the Department of Behavioral  
739 Health and Developmental Services to train individuals on the proper administration of naloxone by and  
740 proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled substance registration  
741 from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the issuance of such  
742 controlled substance registration. The dispensing may occur at a site other than that of the controlled  
743 substance registration provided the entity possessing the controlled substances registration maintains  
744 records in accordance with regulations of the Board of Pharmacy. No person who dispenses naloxone on  
745 behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of naloxone that  
746 is greater than the cost to the organization of obtaining the naloxone dispensed. A person to whom  
747 naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer

naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

**2. That the Department of Health Professions (the Department) shall convene a work group to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The Department shall report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.**

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